

## Exhibit 8

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

JACK REESE, FRANCES ELAINE PIDDE,  
JAMES CICHANOFSKY, ROGER MILLER,  
GEORGE NOWLIN and RONALD HITT, on  
behalf of themselves and  
a similarly situated class,

Hon. Patrick J. Duggan

Case No. 04-70592

Plaintiffs,

v.

**Class Action**

CNH GLOBAL N.V., formerly  
known as Case Corporation,  
and THE COMPANY LLC,

Defendants.

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Roger J. McClow (P27170)  
David R. Radtke (P47016)  
Darcie R. Brault (P43864)  
McKNIGHT, McCLOW, CANZANO  
SMITH & RADTKE, P.C.  
Attorneys for Plaintiffs Reese, et al.  
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**PLAINTIFFS' FOURTH REQUEST FOR  
PRODUCTION OF DOCUMENTS**

Plaintiffs, by their attorneys, McKNIGHT, McCLOW, CANZANO, SMITH & RADTKE, P.C., request, pursuant to Rule 34 of the Federal Rules of Civil Procedure, that Defendants produce the documents and records described below for inspection and copying at the offices of McKNIGHT, McCLOW, CANZANO, SMITH & RADTKE, P.C., 400 Galleria Officentre, Suite 117, Southfield, Michigan 48034.

### **DEFINITIONS AND INSTRUCTIONS**

1. “Company” means J. I. Case, Case Corporation, Case LLC, The Company LLC, CNH Global N.V., CaseNewHolland, Inc., Case New Holland, Inc., Fiatallis North America, Inc., Fiat SPA, Fiat Acquisition Company, their predecessors, parents, subsidiaries and divisions and the employees, representatives and agents of these entities.

2. “Class Member” means a retiree or surviving spouse described in the revised definition of the Class set forth in Paragraph 7 of the Stipulated Order entered November 16, 2007.

3. “Dependent” means a dependent spouse or dependent child of a retiree Class Member or a dependent child of a surviving spouse Class Member.

4. “Class” means all Class Members and Dependents.

5. “Current Plan” means the medical, dental, vision, hearing aid and prescription drug plan The Company is currently providing under the 1998 Group Benefit Plan.

6. “Current Plan Participant” means any Class Member of any Dependent who is enrolled in the Current Plan.

7. “Document” means any and all notes, statements, minutes, memoranda, summaries, correspondence, contracts, records, messages, instructions, financial statements, work papers, book reports, diaries, articles, bills, billing statements, checks, checkbooks, ledgers, publications, charts,

graphs, drawings, photographs, instruments, computer tapes or discs, program inputs, memories and outputs of every sort, and all other writings and papers of every kind or type (whether handwritten, typewritten, printed or other, regardless of form), tape recordings and other types of sound recordings in the possession, custody or control of the Related Companies.

8. “Possession, custody or control” includes the possession, custody or control of any of Related Companies’ present or former directors, officers, employees, attorneys, accountants, agents or subsidiaries.

9. “Person” and “persons” include any natural person, firm, corporation, government entity, labor organization, partnership association, joint venture, group association and any other form of business organization or arrangement.

10. “Proposed Plan” means the plan of medical, dental, vision and prescription drug benefits that The Company has proposed to provide to Class Members and Dependents pursuant to the Draft Summary Plan Description dated January 23, 2013 and the CNH Plan Document - 2009 as clarified and modified by Bobby Burchfield’s letter to Darcie R. Brault of March 1, 2013.

11. “Proposed Plan Participant” means any Class Member or any dependent the Company proposes to enroll in the Proposed Plan.

12. “2005 Plan” means the CNH/UAW Group Benefit Plan 2005.

13. “2005 Plan Participant” means any participant in the CNH/UAW Group Benefit Plan 2005.

14. If a document which is within the scope of these requests can be identified but is not in your custody or control, please state:

- a. a description of the document;
- b. who has possession of it and its whereabouts;

- c. whether you had possession of it any time;
- d. whether you voluntarily or involuntarily transferred it to another; and if so,
- e. the circumstances surrounding such transfer, the authorization for such transfer and the date of such transfer.

15. With respect to any document for which you claim a privilege, identify the document, state the privilege involved, and state the factual and legal basis for the claimed privilege. Identify the document by stating:

- a. the type of document (letter, memo, etc.);
- b. the identity of the author;
- c. the date authored or originated;
- d. the identity of each person to whom the original or a copy was addressed or delivered;
- e. the identity of every other person who has ever had possession of the document;
- f. the subject matter of the document in sufficient detail to permit Plaintiffs to determine whether the asserted privilege applies.

16. Unless otherwise stated, these Requests cover the period from January 1, 1998 to the present.

17. If there are no documents responsive to a particular request, please provide a written response to that effect.

18. "Medical Claims Data" means documents containing the information set forth and described on Exhibit A, "Requested Medical Data Elements."

19. "Prescription Drug Claims Data" means documents containing the information set forth and described on Exhibit B, "Requested Rx Data Elements."

**DOCUMENT REQUESTS**

1. Medical Claims Data for each Current Plan Participant for plan years 2008, 2009, 2010, 2011 and 2012.
2. Prescription Drug Claims Data for each Current Plan Participant for plan years 2008, 2009, 2010, 2011 and 2012.
3. FAS 106 Valuations for each Current Plan Participant for the Current Plan for plan years 2008, 2009, 2010, 2011 and 2012.
4. All documents showing or used in calculating the FAS 106 Valuation for the Proposed Plan Participants for plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.
5. All documents showing or used in calculating the annual cost of medical benefits to the Company for each non-Medicare eligible Current Plan Participants for plan years 2008, 2009, 2010, 2011 and 2012.
6. All documents showing or used in calculating the annual cost of prescription drug benefits to the Company for each non-Medicare eligible Current Plan Participant for plan years 2008, 2009, 2010, 2011 and 2012.
7. All documents showing or used in calculating the estimated annual cost of medical benefits to the Company for each non-Medicare eligible Proposed Plan Participant who would be enrolled in the Proposed Plan for plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.
8. All documents showing or used in calculating the estimated annual cost of prescription drug benefits to the Company for each non-Medicare eligible Proposed Plan Participant

who would be enrolled in the Proposed Plan for plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.

9. All documents showing or used in calculating the annual cost of medical benefits to the Company for each Medicare eligible Current Plan Participant for plan years 2008, 2009, 2010, 2011 and 2012.

10. All documents showing or used in calculating the annual cost of prescription drug benefits to the Company for each Medicare eligible Current Plan Participant for plan years 2008, 2009, 2010, 2011 and 2012.

11. All documents showing or used in calculating the estimated annual cost of medical benefits to the Company for each Medicare eligible Proposed Plan Participant for plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.

12. All documents showing or used in calculating the estimated annual cost of prescription drug benefits to the Company for each Medicare eligible Proposed Plan Participant for plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.

13. All documents showing or used in calculating the estimated monthly premium share under the Proposed Plan for each non-Medicare eligible Proposed Plan Participant for plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.

14. All documents showing or used in calculating the estimated monthly premium share under the Proposed Plan for each Medicare eligible Proposed Plan Participants for plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.

15. All documents showing or used in calculating the estimated out-of-pocket cost of medical benefits the Current Plan for non-Medicare eligible Current Plan Participants in deductible, co-pays, co-insurance or other payments for the plan years 2008, 2009, 2010, 2011 and 2012.

16. All documents showing or used in calculating the estimated out-of-pocket cost of prescription benefits the Current Plan for non-Medicare eligible Current Plan Participants for the plan years 2008, 2009, 2010, 2011 and 2012.

17. All documents showing or used in calculating the estimated out-of-pocket cost of medical benefits the Current Plan for Medicare eligible Current Plan Participants in deductible, co-pays, co-insurance or other payments for the plan years 2008, 2009, 2010, 2011 and 2012.

18. All documents showing or used in calculating the estimated out-of-pocket cost of prescription benefits the Current Plan for Medicare eligible Current Plan Participants for the plan years 2008, 2009, 2010, 2011 and 2012.

19. All documents showing or used in calculating the estimated out-of-pocket cost of medical benefits the Proposed Plan for non-Medicare eligible Proposed Plan Participants in deductible, co-pays, co-insurance or other payments for the plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.

20. All documents showing or used in calculating the estimated out-of-pocket cost of prescription drug benefits the Proposed Plan for non-Medicare eligible Proposed Plan Participants for the plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.

21. All documents showing or used in calculating the estimated out-of-pocket cost of medical benefits the Proposed Plan for Medicare eligible Proposed Plan Participants in deductible, co-pays, co-insurance or other payments for the plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.

22. All documents showing or used in calculating the estimated out-of-pocket cost of prescription drug benefits the Proposed Plan for Medicare eligible Proposed Plan Participants for the plan years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022.



23. All documents showing or used in calculating the projected annual cost to the Company for medical benefits for Medicare-eligible participants under the Current Plan for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022.

24. All documents showing or used in calculating the projected annual cost to the Company for medical benefits for non-Medicare-eligible participants under the Current Plan for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022.

25. All documents showing or used in calculating the projected annual cost to the Company for prescription drug benefits for Medicare-eligible participants under the Current Plan for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022.

26. All documents showing or used in calculating the projected annual cost to the Company for prescription drug benefits for non-Medicare-eligible participants under the Current Plan for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022.

27. All documents showing or used in calculating the projected annual cost to Medicare-eligible participants under the Current Plan for out-of-pocket medical expenses (e.g., deductibles, co-pays and co-insurance) for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022.

28. All documents showing or used in calculating the projected annual cost to non-Medicare-eligible participants under the Current Plan for out-of-pocket medical expenses (e.g., deductibles, co-pays and co-insurance) for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022.

29. All documents showing or used in calculating the projected annual cost to Medicare-eligible participants under the Current Plan for out-of-pocket prescription drug expenses (e.g., deductibles, co-pays and co-insurance) for the following plan years: 2013, 2014, 2015, 2016, 2017,

2018, 2019, 2020, 2021, 2022.

30. All documents showing or used in calculating the projected annual cost to non-Medicare-eligible participants under the Current Plan for out-of-pocket prescription drug expenses (e.g., deductibles, co-pays and co-insurance) for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022.

31. All documents used or consulted by Sharif Amin, or anyone working for or with Mr. Amin, in the preparation or drafting of Mr. Amin's June 30, 2010 Declaration by the following paragraph: 5-14

32. All documents used or consulted by Scott Macey, or anyone working for or with Mr. Macey, in the preparation or drafting of Mr. Macey's June 30, 2010 Declaration by the following paragraphs: 4-8, 10-14, 17-31 and 33-42.

33. For each Class Member receiving a pension under the Company hourly pension plan who is under 62 and one month, all documents showing the amount of his or her monthly supplemental pension, monthly basic pension beginning at age 62 and one month and, if the Class Member is a retiree who selected a joint survivor option, the monthly amount of that benefit.

34. For each Class Member receiving a pension under the Company's hourly pension plan who is over 62 and one month, all documents showing the amount of his or her monthly basic pension beginning at age 62 and one month and, if the Class Member is a retiree who selected a joint survivor option, the monthly amount of that benefit.

35. All documents showing the Company's receipt of Retiree Drug Subsidy (RDS) for the federal government for the plan years 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011 and 2012.

36. All documents showing the Company's application for or receipt of payments from the Early Retiree Reinsurance Program (ERRP).

37. All documents that refer or relate to the "National and State Health Insurance Initiatives" Letter of Understanding set forth on page 88 of the 1998 Group Benefit Plan.

38. All documents that the Company intends to use, either in summary judgment proceedings or at trial, to support its position that the benefits in the Proposed Plan are reasonable.

39. The two most recent full year Utilization Reports for the Participants from the medical carrier(s) and the prescription drug carrier(s).

40. Any and all documents that relate to the annual RDS subsidy payments received by the Company from the inception of such subsidy payments to the current calendar year.

41. Any and all documents that relate to the ERRP payments from the inception of such payments to the current calendar year.

Respectfully Submitted,

McKNIGHT, McCLOW, CANZANO,  
SMITH & RADTKE, P.C.

By: 

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Date: March 14, 2013

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## Requested Medical Data Elements

<b>Field name</b>	<b>Description</b>
Member ID	Identifies a claimant or employee. This can be a claimant ID, or a combination of employee ID, claimant relationship, claimant gender, and claimant age.
Employee status	Differentiates active, pre-Medicare retiree, and Medicare-eligible retiree. May provide a group number instead if client set-up is differentiated in this manner.
Claimant relationship code	Identifies the relationship of the claimant to the employee: employee, spouse, or dependent.
Claimant gender	Identifies the gender of a claimant.
Date of birth	Claimant date of birth.
Place of service	Ideal place of service coding includes: inpatient hospital, outpatient hospital, office/clinic, emergency room, ambulatory surgical center, birthing center, and home.
Type of service	In asking for Type of service, Benefit/Service code, and Provider type, we require any combination of information to define the following: anesthesiology and assistance at surgery to remove from surgical exhibits, as well as chiropractic and physical therapy which have their own exhibits to compare utilization to norms. We also want to be able to remove drug and dental claims if included in the medical data.
Benefit/Service code	See Type of service description.
Provider type	See Type of service description.
ICD-9 diagnosis code	The primary ICD-9 code on a claim line basis.
CPT procedure code	The primary CPT code on a claim line basis.
Provider ID	Provider the tax ID number.
Provider name	The name of the servicing provider.
Network indicator or name	Defines whether a claim was processed as in or out of network.
Dates of service	Both dates of service (first date from, and last date through) are required to produce an inpatient analysis.
Paid date	The date the claim was paid.
Charge amount	Total gross charges for a given claim line.
Eligible amount	Total eligible charges for a given claim line (removes ineligible charges).
Re-priced amount	Eligible charges for a given claim line, re-priced to reflect participating provider discounts (or out-of-network U&C application).
Paid amount	Total paid amount for a given claim line.



## Requested Rx Data Elements

<b>Field Name</b>	<b>Description</b>
Claim type	Code that indicates the claim is submitted by a pharmacy or member: • Pharmacy = 1 • Member = 2
Claim status	The status of the submitted claim: • Paid • Rejected • Reversed
Client ID	Client identification number assigned by the PBM.
Group ID	Group identification number assigned by the PBM. Identifies the group the patient is in within the Client ID.
De-identified cardholder ID	A scrambled claimant ID number.
Person code	Code number that identifies the patient within the family: • Cardholder = 01 • Spouse = 02 • Child = 03-99
Date of birth	Patient's date of birth.
Gender code	Identifies the gender of a claimant: • Male = 1 • Female = 2
NABP#	Unique pharmacy ID number, also known as the "NCPDP Provider ID" number.
Brand/Generic	Identifies drug as either brand or generic.
Pharmacy name	Name of the pharmacy that filled the claim.
Mail/Retail indicator	Mail-order or retail pharmacy.
Prescriber ID	Physician ID number (typically DEA #).
Prescriber name	Name of the physician dispensing the prescription.
Prescription number	Unique prescription identifier.
Fill date	The date the prescription was dispensed by the pharmacy.
NDC #	National drug code number, unique for every drug.
Drug label name	Label name of the dispensed drug, including the strength and form.
Quantity dispensed	The amount dispensed, expressed in metric decimal units.
Days supply	The number of days the prescription will last.
DAW code	Dispense as written code description, populated using the value uploaded to the database.
Cost basis	Cost basis description shall be populated using value uploaded to the database.
Ingredient cost paid	The adjudicated cost of the drug.

EXHIBIT

**B**

## Rx Data Element Descriptions (continued)

<b>Field Name</b>	<b>Description</b>
Dispensing fee paid	The charge for the services provided by the pharmacist when dispensing a prescription.
Sales tax	Sales tax amount.
Gross cost	Ingredient cost + dispensing fee + sales tax = gross cost.
Patient copay	The amount of patient's co-pay.
Patient deductible	The amount of patient's deductible.
Patient DAW penalty cost	Additional member cost incurred due to drug selection.
Total patient cost	Total price paid by patient.
Total plan cost	Total amount paid by the plan.
Full AWP cost	The full cost of the drug, before discounts. This will be mapped from the FDB file.
Formulary indicator	Yes or no.
Refill number	Unique number that identifies whether a claim is a refill, or an initial fill.
Specialty drug indicator	Identifies a specialty drug as defined by the PBM.

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### PROOF OF SERVICE

STATE OF MICHIGAN )  
COUNTY OF OAKLAND )ss

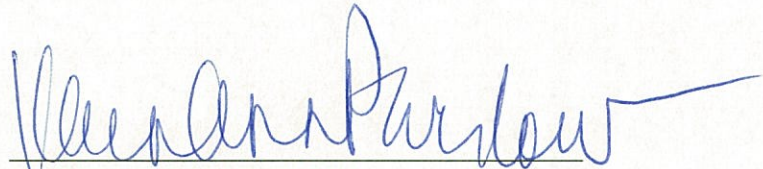
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KAREN ANN PURSLOW, being first duly sworn, deposes and says that on the 14th day of March 2013, she served Plaintiffs' First Interrogatories to Defendant, Plaintiff's Fourth Request for Production of Documents, Plaintiffs' First Requests for Admission and Proof of Service of same upon:

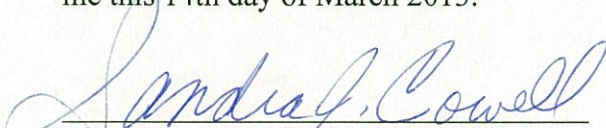
Bobby R. Burchfield, Esq.  
Douglas G. Edelschick, Esq.  
McDERMOTT WILL & EMERY  
600 Thirteenth Street, N.W.  
Washington, D.C. 20005

by email.



KAREN ANN PURSLOW

Subscribed and sworn to before  
me this 14th day of March 2013.



SANDRA J. COWELL, Notary Public  
Wayne County, MI (Acting in Oakland)  
My Commission Expires: Sept. 30, 2018